than “nec aut idem” per patient and quarter year. The sensitivity analysis shows that “aut idem” will only lead to cost savings if more than 92% of the pharmacists inform the practitioners about the substitution and they consequently check the medication. CONCLUSION: With a conservative estimate of 150,000 patients in Germany suffering from epilepsy and treated with Carbamazepin “aut idem” could lead to an increase in expenses of €36 million p. a. Taking into account that there are another 16 indications such as diabetes and cardiac diseases which “aut idem” could also bring additional expenses about the cost saving effect of “aut idem” is truly to be doubted.

**Abstracts**

**HEALTH POLICY—Healthcare**

**Management/Practice Guidelines/Prescribing Studies**

**MODELLING, ECONOMIC EVALUATIONS, AND THE DEVELOPMENT OF CLINICAL PRACTICE GUIDELINES: A SURVEY OF 38 GUIDELINES IN THE NETHERLANDS**

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**OBJECTIVES:** To examine the types and roles of models for economic evaluations in support of clinical practice guidelines development in the Netherlands. **METHODS:** The guideline development process for 38 recent treatment guidelines was surveyed to study the economic evaluations performed during their development, starting in 1998. To this end, a standardised questionnaire was completed by those participants who performed the economic evaluation. Since one goal of this study was to examine how models were used in the economic evaluation process, each respondent was asked a series of questions relating to the use of modelling as part of the economic evaluation activities. **RESULTS:** The most common type of patient management issue involved treatment (19 of 38, 50%), followed by prevention (8, 21%), diagnosis (6, 16%), screening (4, 11%) and care (1, 3%). Despite this variation, a limited selection of model types was used: Markov model (11, 29%), decision analysis (9, 24%), micro-simulation (8, 21%), other types (5, 13%), and no model (5, 13%). The purpose of most Markov models (10/11) was to extrapolate research results, while the purpose of decision models often varied. Existing models such as the Eastman diabetes model were often used (18/38, 47%) although new models were frequently created (15/38, 40%). **CONCLUSIONS:** During the development of clinical practice guidelines, models are often used to assist in economic evaluation. While the purpose of a model is associated with model type, the choice of model also depends on the experience in the field and the specific question at hand. As well, the frequent uniqueness of the issues faced for a given guideline means that new models are often developed. A taxonomy based on function is advised. Acceptance of the model results among clinicians was almost 100%, however this is partly explained by the iterative nature of guidelines development.

**PHP6**

**DRUG COSTS REGULATION SYSTEM IN THE SLOVAK REPUBLIC**

Tomček D

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**OBJECTIVES:** During last decade Slovakia has been undergoing a transformation of its economy and the health care has also been completely changed. A system of health insurance had to be created and regulation tools to restrain growing expenditures, especially drug costs, had to be introduced. Nowadays one of the most developed tools is reimbursement scheme based on ATC (anatomic, therapeutic and chemical classification of WHO) & DDD (defined-daily dose) classification. The substance of this system and financial impact of reimbursement changes aimed at rationalizing of pre-expected costs were applied. Impact of non-quantitative reimbursement reviews are to be presented herein. **METHODS:** Mathematical modeling of current costs and expected costs were applied. Impact of non-quantitative reimbursement changes aimed at rationalizing of prescription were also analyzed. All calculations were made on the basis of health insurance data regarding drug consumption compulsorily reported to the Ministry of Health. **RESULTS:** Due to reimbursement review, difference between the drug costs trends (assuming constant reimbursement levels) and actual costs (reimbursement changes are included) for the period of 1996 through 2002 stands for approximately SKK 3.9 billion. This figure represents the savings of health insurance funds, which can be used for other purposes. **CONCLUSIONS:** Drug costs monitoring system, through obligatory reports of health insurance companies to the Ministry of Health, together with reimbursement level set per one DDD of drug enable us to influence drug costs through reimbursement reviews. Nowadays some steps to equalize the reimbursement levels of different active substances are being taken and large database analysis are in progress. It should also be emphasized that all countries are confronted with health costs increase regardless of their level of economic development. They are creating their own system of dealing with drug containment. In order to facilitate the development of most effective regulation tools the information exchange should start.